



## MESSAGE THERAPIST APPLICATION

*Allow 30 days for Approval*

Licenses are for 2 year period

[www.wichita.gov](http://www.wichita.gov)

CITY LICENSING

455 N. Main, 1<sup>st</sup> Floor

Wichita, KS 67202

(316) 268-4553

\_\_\_\_\_MESSAGE THERAPIST

\_\_\_\_\_New \$75.00

\_\_\_\_\_Renewal \$75.00

\_\_\_\_\_Replacement ID \$5.00

### LICENSE APPLICANT INFORMATION:

Last Name	First Name	Middle Name	Gender	Date of Birth
Other Names Used				Phone
Address		City	State	Zip Code
Email				

### EMPLOYMENT HISTORY FOR PAST FIVE YEARS:

Business Entity Name	Year
Business Entity Name	Year
Business Entity Name	Year
Business Entity Name	Year
Business Entity Name	Year

### RESIDENCE FOR PAST FIVE YEARS:

City	State	Country	Year
City	State	Country	Year
City	State	Country	Year
City	State	Country	Year
City	State	Country	Year

**BACKGROUND QUALIFICATIONS** – If the answer to any question is yes, provide explanation on separate page and attach to your application.

	Yes	No
1) Is the applicant a citizen or lawful resident of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
2) Is the applicant at least 18 year of age?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has the applicant been convicted of, or on diversion or deferred judgement for any felony or any crime of moral turpitude within the five years immediately preceding the date of the application?	<input type="checkbox"/>	<input type="checkbox"/>
4) Is the applicant currently under indictment, charge or information for any felony or any crime of moral turpitude?	<input type="checkbox"/>	<input type="checkbox"/>
5) Is the applicant a registered sex offender with any federal, state or local government?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has the applicant been issued any similar license or permit allowing the practice of massage therapy within the past five years? If so, please provide type of license, issuing agency or jurisdiction, address and phone number of issuing agency or jurisdiction and time period covered by license:_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		
Have any of the previous licenses been revoked or suspended? Please explain:_____		
_____		
7) Has the applicant been refused or denied any similar license or permit allowing the practice of massage therapy within the past five years? If so, please provide the date of denial, agency or jurisdiction, address and phone number of agency or jurisdiction and reason for such denial or refusal:_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		

**ADDITIONAL INFORMATION** –

Applicant will need to get their photo taken at the License Office, on the First Floor of City Hall, for their required photo ID card.

Provide proof of education, training and experience (One of the following)

- 1) Proof the applicant has sat for and passed the Massage and Bodywork Licensure exam (MBLEx)
- 2) Proof the applicant has sat for and passed the National Certificate of Therapeutic Massage and Bodywork exam (NCTMB) prior to February 1, 2015.
- 3) An official transcript showing the applicant has successfully completed a minimum of five hundred (500) instructor taught classroom hours within a recognized massage therapist school.
- 4) Proof of one hundred fifty (150) hours of education from an accredited institution, at least twelve (12) hours of continuing education units in the last five years, and membership in a nationally recognized massage therapy association.

**EXISTING MASSAGE PRACTITIONERS**

Provide proof of education, training and experience (One of the following)

- 1) An official transcript showing the applicant has successfully completed a minimum of five hundred (500) instructor taught classroom hours within a recognized massage therapist school, or comparable legal authority in another state.
- 2) Proof of at least three hundred (300) hours of training in massage therapy during the past three (3) years.
- 3) Proof the applicant has practiced for at least ten (10) hours per week for five (5) years.
- 4) The applicant has successfully passed a nationally recognized certification examination provided by the National Certification Board for Therapeutic Massage and Bodywork.

I hereby certify that I have read and am familiar with Chapter 3.55 of the Code of the City of Wichita and with the requirements thereof as they pertain to my license. Further, under penalty of perjury, I certify that all information provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR OFFICIAL USE ONLY

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE